



# HIV/AIDS Monitoring Report

Department of Health and Human Services

Data through June 30, 2006

*The mission of the City of Long Beach Department of Health and Human Services is to improve the quality of life of the residents of Long Beach by addressing the public health and human service needs ensuring that the conditions affecting the public's health afford a healthy environment in which to live, work and play.*

## Department Management Team

**Ronald R. Arias**  
Director

**Darryl M. Sexton, M. D.**  
Health Officer

**Theresa Marino**  
Public Health Bureau Manager

**Jeff Benedict**  
Environmental Health Bureau Manager

**Corinne Schneider**  
Human and Social Services Bureau Manager

**Wesley Moore**  
Animal Control Bureau Manager

**Michael Johnson**  
Support Services Bureau Manager

**Nettie DeAugustine**  
Preventive Health Bureau Manager

## The SPN, A Unifying Force in Our Community

The mission of the local Service Provider Network (SPN) for Service Planning Area (SPA) 8 is to continuously provide an open arena to discuss the coordination, collaboration, and cooperation between member agencies from HIV care and prevention to substance abuse services in Long Beach and the South Bay area. In times of scarce resources; it has taken dedication, hard work and passion for improving the health status in our communities from all of the member agencies in the course of over 5 years. The SPN came from a successful pilot program funded by the Office of AIDS Programs and Policy called the Coordinated Prevention Network (CPN).

The SPN for SPA 8 continues to improve the coordination of services and to minimize the duplication of efforts by bringing together local member service providers. Since its inception, the SPN's monthly meetings have been a catalyst to achieve the group's objectives, which include; identifying the HIV related needs of the community, maintaining a formal network between member agencies, capacity building by providing trainings and presentations, increasing the number of people receiving testing and education related to the co-morbidities, advising and educating members and the community at large on issues related to HIV, and by identifying resources, as well as, assisting in obtaining funding for unmet service and prevention needs.

Another role of the SPN besides coordinating services in SPA 8 is to serve as a link to Los Angeles County's Commission on HIV. By working closely with the Long Beach Comprehensive HIV Planning Group, the SPN helps gathers data about the HIV disease burden from member agencies. Providing this information to the Commission helps in the planning, allocation, coordination and delivery of HIV services in our area. Involvement and representation in the SPN is vital for communities, "It is becoming increasingly important for agencies to come to planning bodies like the SPN to report what is going on in their respective area because the pot of money for resources is shrinking", stressed Teresa Ayala-Castillo, SPN Program Coordinator.

Now in its sixth year of existence, the SPN has achieved many accomplishments including strategically placed satellite health stations, which have been helpful for people to publicly access resources they may have not been aware of and in the end improve their health status. The stations use a computerized bilingual (English and Spanish) risk assessment form to generate tailored messages for its' users, and at the same time provide blood pressure screening and if needed, a telephone to set up an appointment with a healthcare provider based on the

## Table of Contents

|  |    |
|--|----|
| The SPN, A Unifying Force in Our Community       | 1  |
| AIDS Surveillance Program Data                   | 2  |
| HIV Antibody Testing Program Data                | 8  |
| Technical Notes                                  | 9  |
| Health Care Providers Reporting Responsibilities | 11 |

client's needs. Other accomplishments include; working together with the California STD and HIV Training Center to provide capacity building to agencies' members, helping develop the past 3 Gay Men's Health Summits, presenting at 4 different national conferences urging the importance of collaboration, completing a comprehensive needs assessment, and sponsoring various events such as, National HIV Testing Day and Latino Awareness Day. To continue this legacy we would like to invite agencies, providers and other organizations to join our efforts in diminishing our community's disease burden. For more information you can contact SPA 8's SPN Program Coordinator, Teresa Ayala-Castillo by calling 562-570-4331.

## HIV EPIDEMIOLOGY PROGRAM

### Introduction

Comprising nearly 50 square miles at the southernmost end of Los Angeles County, Long Beach has approximately a half-million residents, making it the fifth largest city in California and the 32nd largest in the United States (based on U.S. Census 2000). One of 61 health jurisdictions in California, the City of Long Beach has maintained the Health Department for 100 years.

Its size, diversity and geographic location in a major population center have made Long Beach particularly vulnerable to HIV and AIDS. With a cumulative incidence rate of 1124.54 AIDS cases per 100,000 residents (1981 through June 30, 2006), Long Beach's AIDS incidence rate per capita is 100 percent higher than the incidence rate for all of Los Angeles County (535.87 cases per 100,000) and more than double the rate for the State of California overall (417.78 cases per 100,000), indicating that AIDS continues to be a significant public health issue in the City of Long Beach (Table 1).

**TABLE 1**

COMPARISON OF CITY OF LONG BEACH, LOS ANGELES COUNTY AND CALIFORNIA CUMULATIVE AIDS INCIDENCE RATE PER 100,000 POPULATION, 1981 THROUGH JUNE 30, 2006.

|                           | 2000<br>Population | Number of<br>AIDS Cases | Cumulative<br>AIDS Incidence<br>Rate |
|---------------------------|--------------------|-------------------------|--------------------------------------|
| <b>City of Long Beach</b> | 461,522            | 5,190                   | 1124.54                              |
| <b>Los Angeles County</b> | 9,519,338          | 51,011                  | 535.87                               |
| <b>California</b>         | 33,871,648         | 141,508                 | 417.78                               |

Sources: California HIV/AIDS Reporting System, June 30, 2006  
Los Angeles County HIV/AIDS Reporting System, June 30, 2006

The California Code of Regulations, Title 17, Section 2500, requires that all diagnosed or suspected cases of AIDS as defined by the Centers for Disease Control and Prevention (CDC) be reported within seven days to the local Health Officer. To facilitate reporting, the City of Long Beach Department of Health and Human Services maintains an HIV Epidemiology Program (funded by the State of California Department of Health Services Office of AIDS) which is responsible for collecting, analyzing and disseminating AIDS data.

### Cumulative Cases

Since its first AIDS case report in February 1983, a cumulative total of 5,190 AIDS cases has been reported in Long Beach through June 30, 2006. The cumulative case fatality rate of 51 percent is lower than California (58%) and Los Angeles County (59%). Of the 5,190 reported AIDS cases, 2,552 people are currently living.

### Race/Ethnicity

Of the 5,190 cumulative AIDS cases, more than half (58.7%) are White (Table 2). While Whites still comprise the majority of the reported cases, the number of HIV infections may be decreasing in this group. From July 2005 through June 2006, the percentage of AIDS cases reported in Whites was 47.7 percent. AIDS cases in Blacks, while contributing 17.8 percent to the cumulative cases, comprised 16.5 percent of the cases reported in the past year. Hispanic AIDS cases comprised more than a quarter (28.7%) of the cases reported in the last year, yet they make up 20.8 percent of the cumulative cases. The percentage of cases among Asian/Pacific Islanders during the past year (4.3%) is more than the 2.1 percent reported cumulatively (Table 2).

## HIV/AIDS Monitoring Report

**TABLE 2**

CUMULATIVE AIDS CASES BY RACE/ETHNICITY AND PERCENT OF POPULATION REPORTED 1981 THROUGH JUNE 30, 2006, CITY OF LONG BEACH

|                       | 2000<br>Population | Percent of<br>Population | Number<br>of AIDS<br>Cases | Percent<br>of AIDS<br>Cases |
|-----------------------|--------------------|--------------------------|----------------------------|-----------------------------|
| White, Not Hispanic   | 152,899            | 33.1%                    | 3,045                      | 58.7%                       |
| Black, Not Hispanic   | 66,836             | 14.5%                    | 925                        | 17.8%                       |
| Hispanic              | 165,092            | 35.8%                    | 1,079                      | 20.8%                       |
| Asian/PI              | 60,329             | 13.1%                    | 110                        | 2.1%                        |
| Amer.Ind./Alaska Nat. | 2,785              | 1.0%                     | 13                         | 0.2%                        |
| 2 or More Races       | 13,581             | 2.9%                     | 16                         | 0.3*                        |
| Not Specified         |                    |                          | 2**                        | <0.1%                       |
| <b>TOTAL</b>          | <b>461,522</b>     | <b>100%</b>              | <b>5,190</b>               | <b>100%</b>                 |

\* Collection for 2 or more races began January 1, 2003

\*\* These cases are pending investigation. Upon identification of race/ethnicity,

### Gender

The vast majority of AIDS cases in Long Beach are male (93.0 percent). However, the increasing percentage of female AIDS cases being reported each year suggests that more women may be becoming infected. During July 1, 2005 - June 30, 2006, 9.2 percent of the cases reported were in females, compared with a cumulative percentage of 7.0 for cases reported as of June 30, 2006 (Table 3).

### Age

**TABLE 3**

AIDS CASES BY REPORT DATE AND GENDER, REPORTED JULY 1, 2005 THROUGH JUNE 30, 2006, AND CUMULATIVE TOTALS THROUGH JUNE 30, 2006, CITY OF LONG BEACH.

|               | July 2005 – June 2006 | 1981 – June 2006    |
|---------------|-----------------------|---------------------|
| <b>Male</b>   | 297 (90.8%)           | 4,827 (93.0%)       |
| <b>Female</b> | 30 (9.2%)             | 363 (7.0%)          |
| <b>TOTAL</b>  | <b>327 (100%)</b>     | <b>5,190 (100%)</b> |

Through June 30, 2006, almost half (46.1%) of the cumulative AIDS cases in Long Beach were diagnosed among people between the ages of 30 and 39. More than one-quarter of all cases were diagnosed among people between the ages of 40 and 49. This indicates that the majority of people with AIDS in Long Beach were infected in young adulthood. Fifteen percent of AIDS cases were diagnosed in people in their twenties, suggesting that a significant number of people with AIDS became infected during adolescence (Table 4).

**TABLE 4**

CUMULATIVE AIDS CASES BY AGE GROUP AND GENDER, REPORTED 1981 THROUGH JUNE 30, 2006, CITY OF LONG BEACH.

|                 | No. of Male<br>Cases | No. of Female<br>Cases | TOTAL               |
|-----------------|----------------------|------------------------|---------------------|
| <b>Under 13</b> | 5 (0.1%)             | 4 (1.1%)               | 9 (0.2%)            |
| <b>13-19</b>    | 16 (0.3%)            | 10 (2.7%)              | 26 (0.5%)           |
| <b>20-29</b>    | 705 (14.6%)          | 87 (24.0%)             | 792 (15.3%)         |
| <b>30-39</b>    | 2,254 (46.7%)        | 137 (37.7%)            | 2,391 (46.1%)       |
| <b>40-49</b>    | 1,332 (27.6%)        | 81 (22.3%)             | 1,413 (27.2%)       |
| <b>Over 49</b>  | 515 (10.7%)          | 44 (12.1%)             | 559 (10.8%)         |
| <b>TOTAL</b>    | <b>4,827 (100%)</b>  | <b>363 (100%)</b>      | <b>5,190 (100%)</b> |

### Exposure Category

Eighty percent of all adult male AIDS cases reported through June 30, 2006 in Long Beach reported male-to-male sexual contact (MSM) as a mode of transmission. An additional 9.7 percent reported both male-to-male sexual contact and injection drug use (IDU). Six percent of male AIDS cases reported injection drug use as the sole risk behavior. Two percent of male cases report being infected through heterosexual contact (Table 5).

Among women in Long Beach, however, heterosexual contact and injection drug use are the prevalent modes of HIV transmission. Of all adult female AIDS cases reported in Long Beach, 58.8 percent were infected through heterosexual contact. Thirty-three percent were infected through injection drug use. About three percent were infected through the receipt of blood transfusions or blood components, while the remaining cases (5.6%) have reported no risk or are currently under investigation (Table 6).

The predominant mode of HIV exposure in children is perinatal transmission (81.8%) (Table 7).

## HIV/AIDS Monitoring Report

**TABLE 5**  
CUMULATIVE ADULT MALE AIDS CASES BY EXPOSURE CATEGORY AND RACE/ETHNICITY, REPORTED 1981 THROUGH JUNE 30, 2006, CITY OF LONG BEACH.

|                                   | White         | Black       | Hispanic    | Asian/PI  | Am. I./Al. Nat. | Multi-race | Unk.      | TOTAL (Row%)  |
|-----------------------------------|---------------|-------------|-------------|-----------|-----------------|------------|-----------|---------------|
| <b>Sex between men</b>            | 2,483         | 505         | 774         | 86        | 6               | 11         | 1         | 3,866 (80.2%) |
| <b>Sex between men/IDU</b>        | 288           | 93          | 83          | 0         | 4               | 2          | 0         | 470 (9.7%)    |
| <b>Injection Drug Use</b>         | 128           | 121         | 60          | 0         | 0               | 0          | 0         | 309 (6.4%)    |
| <b>Heterosexual Contact</b>       | 26            | 32          | 34          | 5         | 0               | 0          | 0         | 97 (2.0%)     |
| <i>With IDU</i>                   | 4             | 5           | 1           | 0         | 0               | 0          | 0         | 10            |
| <i>With Transfusion Recipient</i> | 0             | 0           | 2           | 0         | 0               | 0          | 0         | 2             |
| <i>With Person with HIV/AIDS</i>  | 22            | 27          | 31          | 5         | 0               | 0          | 0         | 85            |
| <b>Transfusion</b>                | 6             | 2           | 5           | 1         | 0               | 0          | 0         | 14 (0.3%)     |
| <b>Adult Hemophilia</b>           | 10            | 1           | 0           | 1         | 0               | 0          | 0         | 12 (0.2%)     |
| <b>Pediatric Hemophilia</b>       | 1             | 0           | 1           | 0         | 0               | 0          | 0         | 2 (<0.1%)     |
| <b>Risk Not Reported</b>          | 16            | 11          | 18          | 6         | 0               | 0          | 0         | 51 (1.0%)     |
| <b>TOTAL (Column %)</b>           | 2,958 (61.4%) | 765 (15.9%) | 975 (20.2%) | 99 (2.0%) | 10 (0.2%)       | 13 (0.3%)  | 1 (<0.1%) | 4,821 (100%)  |

**TABLE 6**  
CUMULATIVE ADULT FEMALE AIDS CASES BY EXPOSURE CATEGORY AND RACE/ETHNICITY, REPORTED 1981 THROUGH JUNE 30, 2006, CITY OF LONG BEACH.

|                                   | White      | Black       | Hispanic    | Asian/PI  | Multi-race | Other/Unk. | TOTAL (Row %) |
|-----------------------------------|------------|-------------|-------------|-----------|------------|------------|---------------|
| <b>Injection Drug Use</b>         | 35         | 61          | 19          | 0         | 1          | 1          | 117 (32.8%)   |
| <b>Heterosexual Contact</b>       | 42         | 78          | 76          | 10        | 2          | 2          | 210 (58.8%)   |
| <i>With Bisexual Male</i>         | 6          | 1           | 3           | 0         | 0          | 0          | 10            |
| <i>With IDU</i>                   | 12         | 19          | 9           | 2         | 0          | 1          | 43            |
| <i>With Transfusion Recipient</i> | 0          | 0           | 0           | 2         | 0          | 0          | 2             |
| <i>With Hemophiliac</i>           | 0          | 1           | 1           | 0         | 0          | 0          | 2             |
| <i>With Person with HIV/AIDS</i>  | 24         | 57          | 63          | 6         | 2          | 1          | 153           |
| <b>Transfusion</b>                | 5          | 3           | 1           | 0         | 0          | 0          | 9 (2.5%)      |
| <b>Pediatric Hemophilia</b>       | 0          | 1           | 0           | 0         | 0          | 0          | 1 (0.3%)      |
| <b>Risk Not Reported</b>          | 3          | 13          | 4           | 0         | 0          | 0          | 20 (5.6%)     |
| <b>TOTAL (Column %)</b>           | 85 (23.8%) | 156 (43.7%) | 100 (28.0%) | 10 (2.8%) | 3 (0.8%)   | 3 (0.8%)   | 357 (100%)    |

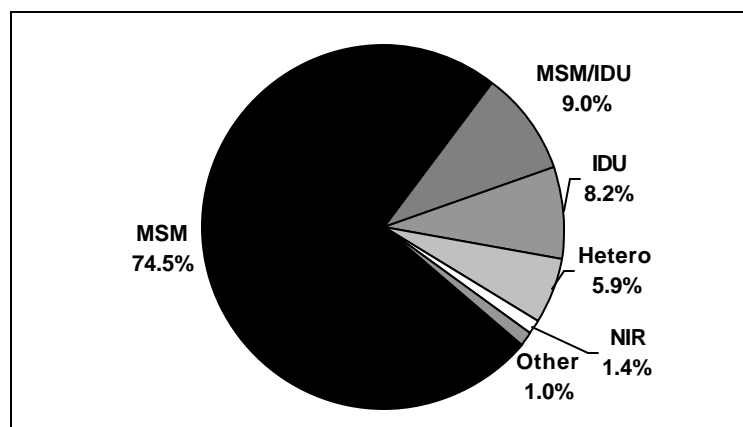
**TABLE 7**  
CUMULATIVE PEDIATRIC AIDS CASES BY EXPOSURE CATEGORY AND RACE/ETHNICITY, REPORTED 1981 THROUGH JUNE 30, 2006, CITY OF LONG BEACH.

|                         | White     | Black     | Hispanic  | Asian    | TOTAL (Row %) |
|-------------------------|-----------|-----------|-----------|----------|---------------|
| <b>Mother with Risk</b> | 1         | 4         | 4         | 0        | 9 (81.8%)     |
| <b>Transfusion</b>      | 1         | 0         | 0         | 1        | 2 (18.2%)     |
| <b>TOTAL (Column %)</b> | 2 (18.2%) | 4 (36.4%) | 4 (36.4%) | 1 (9.1%) | 11 (100%)     |

## HIV/AIDS Monitoring Report

Combined, about three-quarters (74.5%) of Long Beach AIDS cases report sex between men as a risk factor. Eight percent report intravenous drug use. Another nine percent report both sex between men and injection drug use. Close to six percent of Long Beach cases report heterosexual contact as the sole risk. One percent of AIDS cases in Long Beach are the result of a blood/blood product transfusion or pediatric transmission. The remaining cases did not report a risk or are currently under investigation to elucidate possible modes of transmission. (Figure 1).

**FIGURE 1**  
CUMULATIVE AIDS CASES BY EXPOSURE CATEGORY, REPORTED 1981 THROUGH JUNE 30, 2006, CITY OF LONG BEACH.



Total Cases = 5,190

Other = Transfusion or transplant recipient, hemophilia, and pediatric cases.

### AIDS Defining Conditions

The AIDS surveillance system represents cases that have met the AIDS case surveillance reporting criteria established by the CDC. In 1993, the AIDS surveillance case definition was expanded to include a laboratory measure of severe immunosuppression (CD4+ T-lymphocyte counts of less than 200 cells/ $\mu$ l or a percent of total lymphocytes less than 14), pulmonary tuberculosis, invasive cervical carcinoma, and recurrent bacterial pneumonia. Prior to 1993, the surveillance definition included only opportunistic illnesses.

### Mortality Rates

Table 8 presents the annual and cumulative fatality rates of AIDS cases reported in Long Beach by the year of diagnosis. The presented rates are comparable to those of Los Angeles County, California, and the United States.

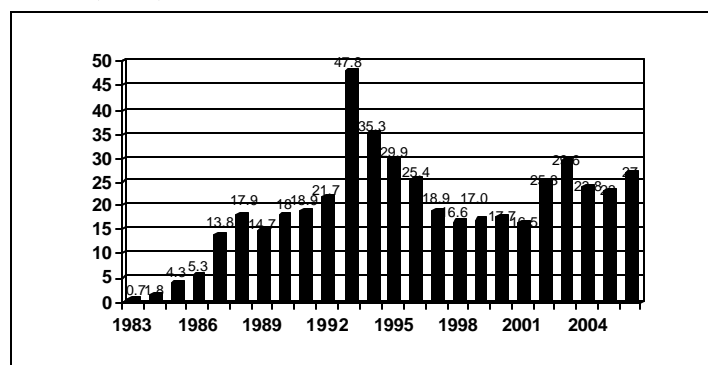
**TABLE 8**  
AIDS CASE MORTALITY BY YEAR OF DIAGNOSIS, REPORTED 1981 THROUGH JUNE 30, 2006, CITY OF LONG BEACH.

| Year        | Diagnosed Cases | Deaths | Fatality Rate for Cases Diagnosed in Year | Cumulative Fatality Rate |
|-------------|-----------------|--------|---|--------------------------|
| Before 1993 | 1,940           | 1,747  | —   | 90%                      |
| 1993        | 356             | 231    | 65%                                       | 86%                      |
| 1994        | 315             | 169    | 54%                                       | 82%                      |
| 1995        | 318             | 134    | 42%                                       | 78%                      |
| 1996        | 290             | 81     | 28%                                       | 73%                      |
| 1997        | 225             | 52     | 23%                                       | 70%                      |
| 1998        | 200             | 45     | 22%                                       | 67%                      |
| 1999        | 220             | 36     | 16%                                       | 65%                      |
| 2000        | 223             | 41     | 18%                                       | 62%                      |
| 2001        | 200             | 24     | 12%                                       | 60%                      |
| 2002        | 230             | 32     | 14%                                       | 57%                      |
| 2003        | 197             | 16     | 8%  | 55%                      |
| 2004        | 220             | 17     | 8%  | 53%                      |
| 2005        | 205             | 13     | 6%  | 51%                      |
| 2006        | 51              | 0      | 0%  | 51%                      |
| TOTAL       | 5,190           | 2,638  | —   | 51%                      |

### Impact of Changes in the AIDS Case Definition

The surveillance definition of AIDS was modified in 1985, 1987 and 1993 to reflect increased knowledge of the manifestations of HIV disease. These expanded definitions present challenges in analyzing case trends. For example, expanding the surveillance case definition in 1993 to include HIV-infected individuals with CD4+ T-lymphocyte counts below 200 cells/ $\mu$ l resulted in a number of new cases being reported as well as with the implementation of HIV Reporting in July of 2002 (Figure 2).

**FIGURE 2**  
AVERAGE REPORTED AIDS CASES PER MONTH, REPORTED 1981 THROUGH JUNE 30, 2006, CITY OF LONG BEACH.



## Survival Status

By analyzing the data presented in Table 9 and comparing relative proportions of the living and the deceased, changes in the local epidemiology of advanced HIV disease may be detected as living cases are representative of more recent infections. For instance, a higher number of Blacks (19.8%) and Hispanics (27.0%) are currently living with AIDS than are deceased (15.9% and 14.8%, respectively). This demonstrates a shift toward increasing HIV infections in minorities. Similar changes are seen in the gender, age, and exposure categories.

**TABLE 9**  
AIDS CASES BY SURVIVAL STATUS AND DEMOGRAPHICS, REPORTED 1981 THROUGH JUNE 30, 2006, CITY OF LONG BEACH.

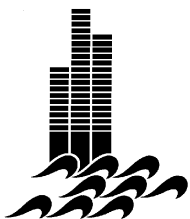
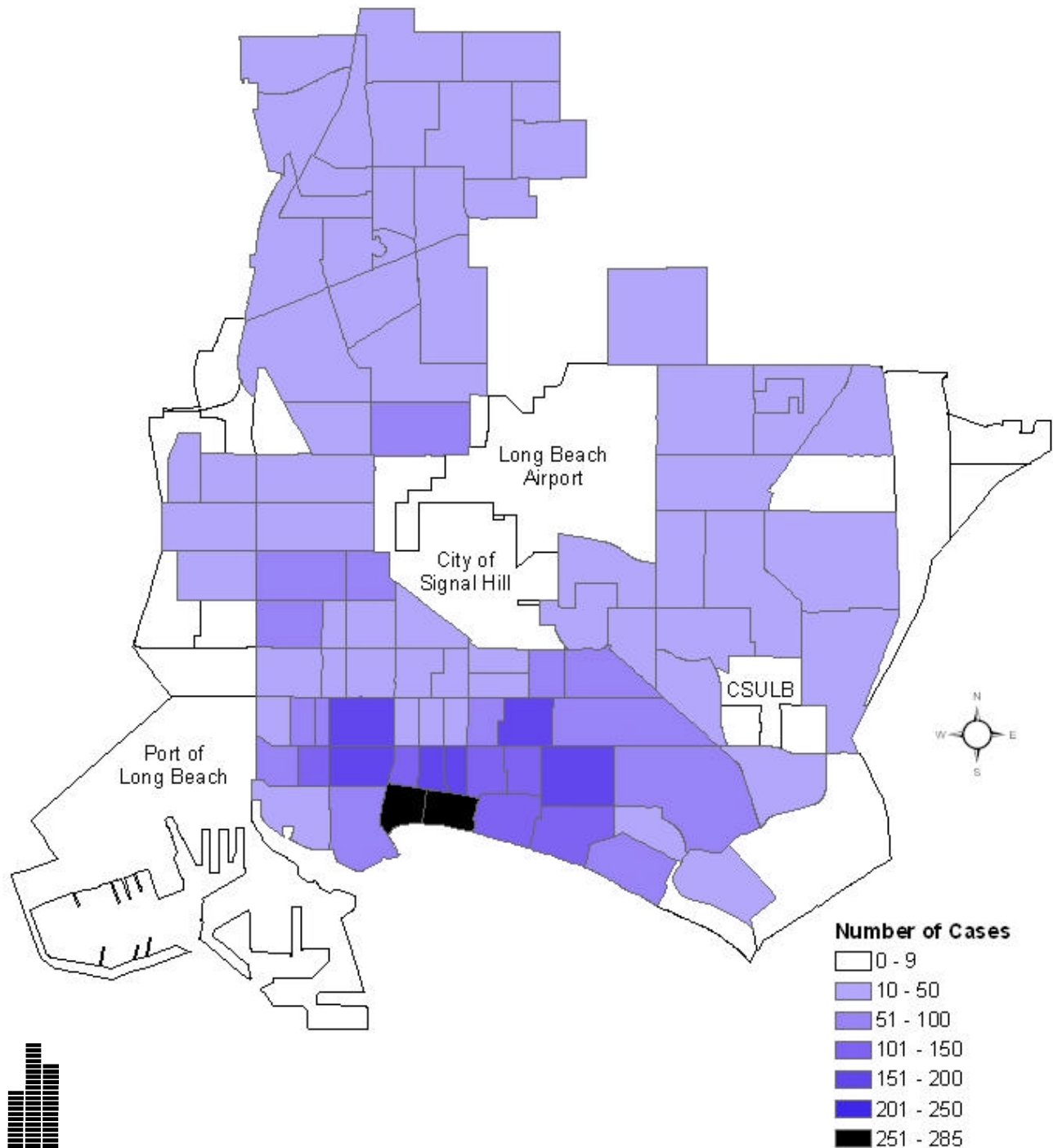
| Case Profile             | Living              | Deceased            |
|--------------------------|---------------------|---------------------|
| <b>Gender</b>            |                     |                     |
| Male                     | 2,315 (90.7%)       | 2,512 (95.2%)       |
| Female                   | 237 (9.3%)          | 126 (4.8%)          |
| <b>Race/Ethnicity</b>    |                     |                     |
| White, Not Hispanic      | 1,269 (49.7%)       | 1,776 (67.3%)       |
| Black, Not Hispanic      | 505 (19.8%)         | 420 (15.9%)         |
| Hispanic                 | 689 (27.0%)         | 390 (14.8%)         |
| Asian/PI                 | 70 (2.7%)           | 40 (1.5%)           |
| Am. Ind./Alaska Nat.     | 6 (0.2%)            | 7 (0.3%)            |
| Multi -race              | 12 (0.5%)           | 4 (<0.1%)           |
| Unknown                  | 1 (<0.1%)           | 1 (<0.1%)           |
| <b>Age</b>               |                     |                     |
| Age <13                  | 3 (0.1%)            | 6 (0.2%)            |
| 13-19                    | 20 (0.8%)           | 6 (0.2%)            |
| 20-29                    | 410 (16.1%)         | 382 (14.5%)         |
| 30-39                    | 1,171 (46.0%)       | 1,220 (46.2%)       |
| 40-49                    | 722 (28.0%)         | 691 (26.2%)         |
| 50+                      | 226 (9.0%)          | 333 (12.6%)         |
| <b>Exposure Category</b> |                     |                     |
| Sex between men          | 1,859 (72.8%)       | 2,008 (76.1%)       |
| Sex between men/IDU      | 241 (9.4%)          | 229 (8.7%)          |
| Injection Drug Use       | 193 (7.6%)          | 233 (8.8%)          |
| Heterosexual Contact     | 219 (8.6%)          | 88 (3.3%)           |
| Hemophilia               | 3 (0.1%)            | 9 (0.3%)            |
| Transfusion              | 6 (0.2%)            | 19 (0.7%)           |
| Perinatal Transmission   | 5 (0.2%)            | 7 (0.3%)            |
| NIR                      | 26 (1.0%)           | 45 (1.7%)           |
| <b>TOTAL</b>             | <b>2,552 (100%)</b> | <b>2,638 (100%)</b> |

## Geographic Information System

Geographic Information System (GIS) is a computer-based mapping technology, which combines geographical data and events such as a population, disease cases, vital statistics, socioeconomic indicators, and many other data sources to generate maps for spatial analysis. The Health Department uses GIS to monitor the health status of the community by assessing epidemiological data. This analysis determines which diseases and conditions account for the greatest morbidity and mortality in the City which allows for more localized efforts in health promotion and disease prevention efforts.

AIDS surveillance data is used to map cases by geographic location such as zip codes and census tracts in Long Beach. Geographic analysis of data allows for the provision of HIV/AIDS screening and prevention services to be targeted to individuals that are at a greater risk for infection. Mapping AIDS cases in the City may allow for a greater level of targeted outreach in the areas with a higher number of cases. Map 1 demonstrates the cumulative number of reported AIDS cases at time of diagnosis among City residents from 1983 through June 30, 2006 by census tract. This map does not take into the account the migration of individuals with AIDS moving in and out of Long Beach.

# MAP 1: Cumulative AIDS Cases By Census Tract Reported through June 2006 City of Long Beach



Total Cases = 5,190

Source: City of Long Beach Department of Health and Human Services, HIV Epidemiology Program.

\*Census tracts could not be determined for 317 Long Beach AIDS cases and therefore are not reflected in this map.

## HIV ANTIBODY TESTING PROGRAM

The Health Department provides both anonymous and confidential HIV antibody testing to the public. HIV antibody testing also occurs through other venues in the City of Long Beach, including private physicians, hospitals and clinics. These data reflect City-administered testing programs only.

The City has maintained data on both anonymous and confidential HIV antibody testing since the programs began. In January 1990, the California Department of Health Services, Office of AIDS implemented the HIV Test Reporting System, a computer program that collects demographics on clients and their test results to generate reports valid to local testing sites and to improve data reporting to the Office of AIDS.

*“Data represents each client visit and services provided. The basic tabulated information is this client visit/service unit. A client may have made more than one HIV-related visit; each visit may be reported separately. A client may have received more than one service from different funding sources on the same visit — each reported separately. It is important to keep in mind that these data represent counseling and testing services through these programs and should NOT be interpreted as representing persons or the population of [Long Beach] in general. Recipients of these services are a highly self-selected group.”*

*California HIV Testing and Counseling Monthly Report, 2/90*

### Anonymous Testing

The Alternative Test Site (ATS) program was developed for individuals wanting to know their HIV antibody status anonymously. The HIV antibody test administered in an ATS setting addressed the concern that individuals at risk for HIV infection might donate blood to determine their antibody status if blood banks were the only source of free and easily accessible testing. ATS began here in Long Beach in June 1985 and two testing sites currently exist (Table 12 and 13).

**TABLE 12**

ANONYMOUS HIV ANTIBODY TESTS BY RACE/ETHNICITY AND AGE GROUP, APRIL 1988 THROUGH JUNE 30, 2006, CITY OF LONG BEACH.

|                       | # of Tests    | % of Total    | # of Pos.    | % Pos.      |
|-----------------------|---------------|---------------|--------------|-------------|
| <b>Race/Ethnicity</b> |               |               |              |             |
| White                 | 50,947        | 55.9%         | 1,730        | 3.4%        |
| Black                 | 12,638        | 13.9%         | 409          | 3.2%        |
| Hispanic              | 20,011        | 22.0%         | 689          | 3.4%        |
| Asian/PI              | 5,149         | 5.7%          | 87           | 1.7%        |
| Am. Ind./Alaska Nat.  | 586           | 0.6%          | 33           | 5.6%        |
| Other/Unknown         | 1,754         | 1.9%          | 40           | 2.3%        |
| <b>Age Group</b>      |               |               |              |             |
| 12-19                 | 5,605         | 6.2%          | 41           | 0.7%        |
| 20-29                 | 37,266        | 40.9%         | 1,087        | 2.9%        |
| 30-39                 | 28,293        | 31.1%         | 1,216        | 4.3%        |
| 40-49                 | 12,933        | 14.2%         | 476          | 3.7%        |
| 50-59                 | 4,664         | 5.1%          | 126          | 2.7%        |
| 60+                   | 2,260         | 2.5%          | 38           | 1.7%        |
| Unknown               | 64            | 0.1%          | 4            | 6.3%        |
| <b>TOTAL</b>          | <b>91,085</b> | <b>100.0%</b> | <b>2,988</b> | <b>3.3%</b> |

\* Prior to April 1988, no testing data were collected by race/ethnicity or age group.

**TABLE 13**

ANONYMOUS HIV ANTIBODY TESTS BY GENDER AND EXPOSURE CATEGORY, JUNE 1985 THROUGH JUNE 30, 2006, CITY OF LONG BEACH.

|                          | # of Tests     | % of Total    | # of Pos.    | % Pos.      |
|--------------------------|----------------|---------------|--------------|-------------|
| <b>Gender</b>            |                |               |              |             |
| Male                     | 73,795         | 67.8%         | 5,184        | 7.0%        |
| Female                   | 34,926         | 32.1%         | 206          | 0.6%        |
| Other/Unknown            | 83             | 0.1%          | 3            | 3.6%        |
| <b>Exposure Category</b> |                |               |              |             |
| MSM                      | 32,031         | 29.4%         | 4,060        | 12.7%       |
| Bisexual                 | 7,794          | 7.2%          | 600          | 7.7%        |
| IDU                      | 3,697          | 3.4%          | 95           | 2.6%        |
| MSM/IDU                  | 895            | 0.8%          | 148          | 16.5%       |
| Hemophiliac              | 26             | <0.1%         | 4            | 15.4%       |
| Transfusion Recipient    | 1,432          | 1.3%          | 19           | 1.3%        |
| Heterosexual             | 30,420         | 28.0%         | 153          | 0.5%        |
| High Risk Sex Partner    | 17,485         | 16.1%         | 179          | 1.0%        |
| Occupational             | 788            | 0.7%          | 2            | 0.3%        |
| No Risk Stated           | 11,747         | 10.8%         | 78           | 0.7%        |
| Unknown                  | 2,489          | 2.3%          | 55           | 2.2%        |
| <b>TOTAL</b>             | <b>108,804</b> | <b>100.0%</b> | <b>5,393</b> | <b>5.0%</b> |



## Confidential Testing

Confidential testing (CTS) began in 1988; this report reflects data gathered beginning January 1989. These data include individuals tested confidentially for HIV antibody status at the Health Department or through special outreach testing efforts. The confidential testing report includes data collected from

**TABLE 14**

CONFIDENTIAL HIV ANTIBODY TESTS BY DEMOGRAPHICS, JANUARY 1989 THROUGH JUNE 30, 2006, CITY OF LONG BEACH.

|                          | # of Tests    | % of Total    | # of Pos.  | % Pos.      |
|--------------------------|---------------|---------------|------------|-------------|
| <b>Gender</b>            |               |               |            |             |
| Male                     | 32,922        | 59.8%         | 585        | 1.8%        |
| Female                   | 22,028        | 40.0%         | 109        | 0.5%        |
| Other/Unknown            | 128           | 0.2%          | 3          | 2.3%        |
| <b>Race/Ethnicity</b>    |               |               |            |             |
| White                    | 16,096        | 29.2%         | 209        | 1.3%        |
| Black                    | 17,691        | 32.1%         | 271        | 1.5%        |
| Hispanic                 | 15,491        | 28.1%         | 181        | 1.2%        |
| Asian/PI                 | 3,947         | 7.2%          | 21         | 0.5%        |
| Am. Ind./Alaska Nat.     | 419           | 0.8%          | 4          | 1.0%        |
| Other/Unknown            | 1,434         | 2.6%          | 11         | 0.8%        |
| <b>Age Group</b>         |               |               |            |             |
| Under 12                 | 24            | <0.1%         | 0          | 0.0%        |
| 12-19                    | 6,980         | 12.7%         | 18         | 0.3%        |
| 20-29                    | 22,562        | 41.0%         | 232        | 1.0%        |
| 30-39                    | 13,528        | 24.6%         | 274        | 2.0%        |
| 40-49                    | 8,004         | 14.5%         | 126        | 1.6%        |
| 50-59                    | 2,970         | 5.4%          | 32         | 1.1%        |
| 60+                      | 911           | 1.7%          | 14         | 1.5%        |
| Unknown                  | 99            | 0.2%          | 1          | 1.0%        |
| <b>Exposure Category</b> |               |               |            |             |
| MSM                      | 2,817         | 5.1%          | 228        | 8.1%        |
| Bisexual                 | 1,768         | 3.2%          | 101        | 5.7%        |
| IDU                      | 3,212         | 5.8%          | 63         | 2.0%        |
| MSM/IDU                  | 357           | 0.6%          | 58         | 16.2%       |
| Hemophiliac              | 1             | <0.1%         | 0          | 0.0%        |
| Transfusion Recipient    | 277           | 0.5%          | 3          | 1.1%        |
| Heterosexual             | 23,907        | 43.4%         | 90         | 0.4%        |
| High Risk Sex Prtnr      | 10,248        | 18.6%         | 100        | 1.0%        |
| Occupational             | 277           | 0.5%          | 0          | 0.0%        |
| No Risk Stated           | 9,690         | 17.6%         | 47         | 0.5%        |
| Unknown                  | 2,524         | 4.6%          | 7          | 0.3%        |
| <b>TOTAL</b>             | <b>55,078</b> | <b>100.0%</b> | <b>697</b> | <b>1.3%</b> |

tests performed at Health Department clinics.

## TECHNICAL NOTES

These data reflect statistical monitoring activities aimed at identifying the entire range of HIV infection in Long Beach.

*Data presented in this report are provisional due to reporting delays.*

## Surveillance and Reporting of AIDS<sup>1</sup>

The AIDS Classification System represents cases that have met the AIDS case surveillance reporting criteria established by the Federal Centers for Disease Control and Prevention (CDC) of the Department of Health and Human Services. In September 1992, the CDC proposed the inclusion of three conditions: pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer, and HIV-infected adolescents and adults who have CD4+ T-lymphocyte counts less than 200 cells/μL or a CD4+ percentage of less than 14, in addition to the clinical conditions listed in the 1987 surveillance case definition. This revised classification was implemented in January 1993. Persons who meet the criteria for more than one definition category are classified hierarchically in the following order: pre-1987, 1987, and 1993. Persons in the 1993 definition category only meet the 1993 definition.

Caution should be used when interpreting monthly statistics, because they can vary month to month due to a variety of factors. Therefore, looking at the long-term trends for a complete analysis of the AIDS data is necessary. Similar caution should be used in the interpretation of small numbers cases, as analyses based on small numbers are more likely to yield incorrect conclusions due to random or systematic error.

Age group tabulations are based on the person's age at diagnosis of AIDS: adult/adolescent cases include persons 13 years of age and older; pediatric cases include children under 13 years of age.

Men who have sex with men (MSM) cases include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact).

Heterosexual contact cases include persons who report either specific heterosexual contact with a person with (or at increased risk for) HIV infection (e.g., injecting drug use).

Undetermined cases are persons with no reported history of exposure to HIV through any of the routes listed in the hierarchy of transmission categories. These cases include: persons whose exposures are currently under investigation by local health department officials; persons whose exposure history is incomplete because they died, declined to be interviewed, or were lost to follow-up; and persons who were interviewed or for whom other follow-up information was available and no exposure mode was identified. Persons who have an exposure mode identified at the time of follow-up are reclassified into the appropriate exposure category.

*Race/Ethnicity*<sup>2</sup> is classified by the individual reporting the AIDS case. Usually, race/ethnicity is self reported by the patient upon enrollment with the health care provider. The definitions below represent those classifications as effectively as possible.

White, Not Hispanic: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black, Not Hispanic: A person having origins in any of the black racial groups of Africa.

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Asian/Pacific Islander: A person having origins in any of the original people of the Far East, South East Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

American Indian/Alaska Native: A person having origins in any of the original peoples of North American, and who maintains cultural identification through tribal affiliation or community recognition.

Not Specified: Race/ethnicity was not identified and/or reported at the time of diagnosis and report. These cases are currently under investigation. Upon identification of race/ethnicity, cases will be reclassified into the appropriate category.

*Incidence rate*<sup>3</sup> is defined as the number of new cases of a specified disease diagnosed or reported during a defined period of time, divided by the number of persons in a state population in which the cases occurred. This is usually expressed as cases per 1,000 or 100,000 per annum. This rate may be expressed as age- or gender-specific or as specific for any other population characteristic or subdivision.

*Prevalence rate*<sup>3</sup> is defined as the total number of persons sick or portraying a certain condition in a stated population at a particular time, or during a stated period of time, regardless of when that illness or condition began, divided by the population at risk of having the disease or condition at the point in time or midway through the period in which they occurred.

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<sup>1</sup> Definitions used here were taken mostly from the CDC HIV/AIDS Surveillance Report, Technical Notes section.

<sup>2</sup> Federal Register. August 28, 1995. Volume 60, Number 166. Notices, pp. 44692-44693.

<sup>3</sup> Control of Communicable Diseases Manual. Abram S. Benenson, Editor. Sixteenth Edition, 1995.

**HIV/AIDS RESOURCES****National Hotlines**

|   |              |
|---|--------------|
| AIDS Clinical Trials Information Services                         | 800-TRIALS-A |
| CDC Hearing Impaired AIDS Hotline (TTY)                           | 800-243-7889 |
| CDC Labor Responds to AIDS Resource Service                       | 800-458-5231 |
| CDC National HIV/AIDS Hotline                                     | 800-342-AIDS |
| CDC Spanish HIV/AIDS Hotline                                      | 800-344-7432 |
| CDC National Prevention Information Network                       | 800-458-5231 |
| CDC National STD Hotline  | 800-227-8922 |
| AIDS Statistical Information Line (Recorded Information)          | 888-232-3299 |
| Fax Information Service Line                                      | 888-232-3299 |
| General Info. (including info on HIV/AIDS) (Recorded Information) | 888-232-3299 |
| HIV/AIDS Treatment Information Service                            | 800-HIV-0440 |
| Project Inform (HIV Treatment Hotline)                            | 800-822-7422 |
| National Pediatric HIV Resource Center                            | 800-362-0071 |

**State AIDS Hotlines**

|   |              |
|---|--------------|
| California (Southern) (English)             | 800-922-AIDS |
| California (Southern) (Spanish)             | 800-400-SIDA |
| California (Northern) (Spanish and English) | 800-367-AIDS |
| California (Northern) (Tagalog)             | 800-345-AIDS |
| California (Northern) (TDD)                 | 888-225-AIDS |

**NOTICE TO HEALTH CARE PROVIDERS AND OTHERS RESPONSIBLE FOR DISEASE REPORTING**

California Code of Regulations, Title 17, Section 2500 requires that all diagnosed or suspected cases of AIDS as defined by CDC must be reported within seven (7) days to the Health Officer. To obtain information on the CDC AIDS case definition, to obtain case report forms or to report a case, contact:

**City of Long Beach  
Department of Health and Human Services  
HIV Epidemiology Program  
2525 Grand Avenue  
Long Beach, CA 90815  
Phone (562) 570-4311  
[www.longbeach.gov/health](http://www.longbeach.gov/health)**

Ronald R. Arias, M.P.A.  
Director  
Department of Health and Human Services

Darryl Sexton, M.D.  
City Health Officer

Nettie DeAugustine, Manager  
Preventive Health Bureau

John Holguin, Supervisor  
Epidemiology

Michael Davis, Supervisor  
HIV Epidemiology Program

Julio Rodriguez  
HIV Epidemiology Program Assistant

Luciano Estrada  
Public Health Investigator

Vacant  
Epidemiology Analyst

Christina Kau, Data Manager  
Preventive Health Bureau

*Single copies of this report are available free from the Long Beach Department of Health and Human Services, Preventive Health Bureau, HIV Epidemiology Program, 2525 Grand Avenue, Long Beach, CA 90815; telephone (562) 570-4311. This report is also available on the City of Long Beach Web Site at [www.longbeach.gov/health](http://www.longbeach.gov/health).*



City of Long Beach  
 Department of Health and Human Services  
 HIV Epidemiology Program  
 2525 Grand Avenue  
 Long Beach, CA 90815

HE1207-07

## HIV/AIDS Monitoring Report

### Attention Health Care Providers

The California Code of Regulations, Title 17, Section 2500, requires the report of communicable diseases and conditions. To report a case of a communicable disease, contact the City of Long Beach Department of Health and Human Services Epidemiology Program at 562-570-4302 or by fax at 562-570-4374.

#### Reportable Communicable

##### Diseases

HIV/AIDS 1☎  
 Amebiasis 1☎FAX  
 Anisakiasis 1☎FAX  
 Anthrax ☎  
 Babesiosis 1☎FAX  
 Botulism ☎  
 Brucellosis☎  
 Campylobacteriosis 1☎FAX  
 Chancroid  
 Chlamydial Infections  
 Cholera ☎  
 Ciguatera Fish Poisoning ☎  
 Coccidioidomycosis  
 Colorado Tick Fever 1☎FAX  
 Conjunctivitis, Acute Infectious of the Newborn 1☎FAX  
 Cryptosporidiosis 1☎FAX  
 Cysticercosis

Dengue ☎  
 Diarrhea of the Newborn ☎  
 (Outbreaks)  
 Diphtheria ☎  
 Domoic Acid Poisoning ☎  
 Echinococcosis  
 Ehrlichiosis  
 Encephalitis 1☎FAX  
*Escherichia coli* O157:H7 ☎  
 Foodborne Disease 1☎FAX †  
 Giardiasis  
 Gonococcal Infections  
*Haemophilus Influenzae* 1☎FAX  
 Hantavirus Infections ☎  
 Hemolytic Uremic Syndrome ☎  
 Hepatitis, Viral 1☎FAX  
 Kawasaki Syndrome  
 Legionellosis  
 Leprosy  
 Leptospirosis

Listeriosis 1☎FAX  
 Lyme Disease  
 Lymphocytic Choriomeningitis 1☎FAX  
 Malaria 1☎FAX  
 Measles 1☎FAX  
 Meningitis 1☎FAX  
 Meningococcal Infections ☎  
 Mumps  
 Non-Gonococcal Urethritis  
 Paralytic Shellfish Poisoning ☎  
 Pelvic Inflammatory Disease  
 Pertussis (Whooping Cough) 1☎FAX  
 Plague, Human or Animal ☎  
 Poliomyelitis, Paralytic 1☎FAX  
 Psittacosis 1☎FAX  
 Q Fever 1☎FAX  
 Rabies, Human or Animal ☎  
 Relapsing Fever 1☎FAX  
 Rye Syndrome  
 Rheumatic Fever, Acute

Rocky Mountain Spotted Fever  
 Rubella (German Measles)  
 Rubella Syndrome, Congenital  
 Salmonellosis 1☎FAX  
 Scombroid Fish Poisoning ☎  
 Shigellosis 1☎FAX  
 Smallpox (variola) ☎  
 Streptococcal Infections 1☎FAX  
 (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)  
 Swimmer's Itch 1☎FAX  
 Syphilis 1☎FAX  
 Tetanus  
 Toxic Shock Syndrome  
 Toxoplasmosis  
 Trichinosis 1☎FAX  
 Tuberculosis 1☎FAX  
 Tularemia ☎  
 Typhoid Fever 1☎FAX (Cases and Carriers)

Typhus Fever  
 Varicella (deaths only) ☎  
*Vibrio* Infections 1☎FAX  
 Viral Hemorrhagic Fevers ☎  
 Water-associated Disease 1☎FAX  
 Yellow Fever ☎

Yersiniosis 1☎FAX

#### OCCURRENCE of ANY

#### UNUSUAL DISEASE ☎

#### OUTBREAKS of ANY DISEASE ☎

#### Reportable Noncommunicable

##### Diseases/Conditions

Alzheimer's Disease  
 Cancer  
 Disorders Characterized by  
 Lapses of Consciousness

1☎FAX = Report by FAX, telephone, or mail within one (1) working day of identification.

† = Report immediately by telephone when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness.

☎ = Report immediately by telephone.  
 All other diseases/conditions should be reported by FAX, telephone, or mail within seven (7) calendar days of identification.